

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
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45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	43						TOTAL DEP.						
TOTAL CLAIMS	49						TOTAL CLAIMS						

Best Available Copy